

Book Review: Our Psychiatric Future – Nikolas Rose

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‘Our Psychiatric Future’ provides a comprehensive overview of the role of psychiatry in defining mental distress. Rose structures the work around key questions that provide a thematic coherence. These questions cover the so-called ‘epidemic’ of mental health difficulties, the role of neoliberal capitalism, psychiatric diagnosis, the role of the brain and psychopharmacology, global mental health and service user knowledge.

Rose repeatedly highlights the links between poverty and social factors on mental distress, whilst pointing out that the mental health system fails to address these. He skilfully dismantles the myth of precision medicine in psychiatry using the psychiatric literature itself; the futile search for biomarkers is a particular target. The dissection of problematic brain research, along with the a summary of limitations to medications and the debates around diagnosis would enable practising social workers to adopt a critically informed approach to mental health diagnosis and the use of psychopharmacological interventions, and to understand why some service users might challenge their diagnoses and medication.

Rose shares important concerns regarding the global mental health movement, from the rapid increase in the prescription of psychiatric medication to the promotion of diagnosis and brain disease ideologies. His warning that the global North has little to teach the global South feels timely and urgent. The discussion of neoliberalism is refreshing and nuanced and adds further weight to his argument about the importance of anthropology and the social sciences for improving the state of psychiatry.

Whilst Rose argues that service users need to be at the heart of mental health service design, he fails to address the heterogeneity of the so-called service user movement. Thus he avoids exploring some of the problematic dynamics at play such as racism, classism, and the elitism of service user involvement in PPI or co-production; this leaves his ideas about the future role of service users in psychiatry somewhat idealistic. At the very least this section should inspire further reading of the survivor literature, works by his wife Diana Rose would be a good start.

Although Rose is advocating for us to listen to voices of lived experience, to value peer support and peer knowledge, the structures within psychiatry are not yet amenable to this focus. We suggest, however, that social work is already more aligned with this way of thinking and in a better position to advocate for working in this way given its history of participatory action research and reflections on power which still remain rare in psychiatry. In contrast to psychiatrists, social work practitioners spend more time with service users and in a wider variety of contexts and thus they are much better placed to understand and amplify the voices of service users.

Rose touches on issues of power when he considers the role of involuntary detention at the heart of the dynamics at play within the psychiatric system. He argues that if the professional-service user relationship is good enough, most service users who end up in extreme states of distress would voluntarily agree to a hospital stay; it would not be necessary to deprive people of their liberty. This is particularly relevant for approved mental health practitioners (AMHP) who need to be considered within any proposal for the future of psychiatry.

Rose explores the debates and highlights the barriers around true, collaborative working with distressed human beings. It is useful for social workers, or future social workers, to think about the ways in which aspects of their job role may in fact be a barrier to their social work aim of empowerment. 'Joint decision-making' is virtually impossible when one person has the power to remove your freedom. Whilst Rose argues for psychiatrists to take on this change, we feel that social workers are in a better position given their role in assessments and sectioning.

Rose concludes that psychiatrists take on a new role: 'demedicalizing' mental distress and advocating for a radical reduction in the use of psychopharmaceuticals. Whilst we agree with these goals, this seems a disappointing and unrealistic conclusion to an otherwise excellent overview of the debates and tensions within psychiatry. Expecting psychiatrists to abandon the foundations of their medical training and to take up a sociopolitical agenda feels inconceivable. It seems optimistic to believe that most psychiatrists could take a social perspective following years of training in individual pathology in addition to the current emphasis on personalised medicine and biological psychiatry.

Social workers, however, already work from a social perspective and, in our experience, already link distress with political and economic systems. Furthermore, Rose focuses on the need for help with finance, navigating the welfare system, befriending, culturally appropriate approaches, the capability approach and client-defined problems and solutions as the future of psychiatric practice. This sounds like current social work practice. Nevertheless social work does not come out entirely unscathed – Rose criticises ideas of recovery in social work, along with the fear of dependency and a culture of responsabilisation. These, along with his highlighting of stigma and discrimination by professionals are important thinking points for practitioners. So, although this book may be about the future of psychiatry, we think social workers are better placed to lead these changes.

The emphasis throughout this book is on 'how experience gets under the skin' (p.90) i.e. the mental health consequences of socio-economic oppression, exclusion and discrimination. This can be a novel position in psychiatry which strengthens our belief that mental health practice belongs in the realm of social work, rather than medicine. Perhaps Rose's work could help a new generation of social workers feel empowered to challenge the dominance of the medicalisation of distress and move towards a truly social approach to mental health.